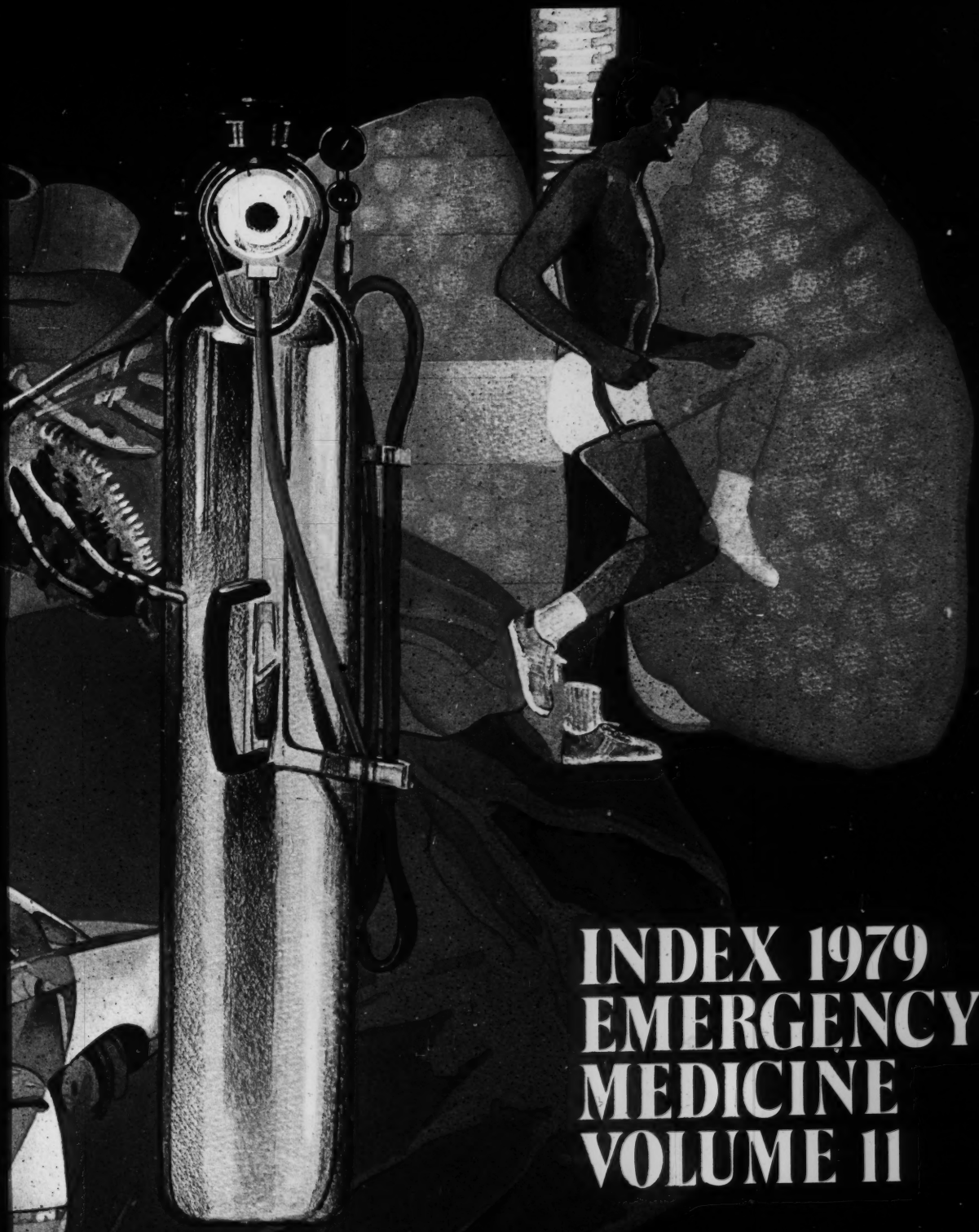

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TIGAN® (trimethobenzamide HCl)

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tigan is indicated for the control of nausea and vomiting.

Contraindications: The injectable form of Tigan in children, the suppositories in premature or newborn infants, and use in patients with known hypersensitivity to trimethobenzamide are contraindicated. Since the suppositories contain benzocaine they should not be used in patients known to be sensitive to this or similar local anesthetics.

Warnings:

Caution should be exercised when administering Tigan to children for the treatment of vomiting. Antiemetics are not recommended for treatment of uncomplicated vomiting in children and their use should be limited to prolonged vomiting of known etiology. There are three principal reasons for caution:

1. There has been some suspicion that centrally acting antiemetics may contribute, in combination with viral illnesses (a possible cause of vomiting in children), to development of Reye's syndrome, a potentially fatal acute childhood encephalopathy with visceral fatty degeneration, especially involving the liver. Although there is no confirmation of this suspicion, caution is nevertheless recommended.

2. The extrapyramidal symptoms which can occur secondary to Tigan may be confused with the central nervous system signs of an undiagnosed primary disease responsible for the vomiting, e.g., Reye's syndrome or other encephalopathy.

3. It has been suspected that drugs with hepatotoxic potential, such as Tigan, may unfavorably alter the course of Reye's syndrome. Such drugs should therefore be avoided in children whose signs and symptoms (vomiting) could represent Reye's syndrome. It should also be noted that salicylates and acetaminophen are hepatotoxic at large doses. Although it is not known that at usual doses they would represent a hazard in patients with the underlying hepatic disorder of Reye's syndrome, these drugs, too, should be avoided in children whose signs and symptoms could represent Reye's syndrome, unless alternative methods of controlling fever are not successful.

Tigan may produce drowsiness. Patients should not operate motor vehicles or other dangerous machinery until their individual responses have been determined. Reye's syndrome has been associated with the use of Tigan and other drugs, including antiemetics, although their contribution, if any, to the cause and course of the disease hasn't been established. This syndrome is characterized by an abrupt onset shortly following a nonspecific febrile illness, with persistent, severe vomiting, lethargy, irrational behavior, progressive encephalopathy leading to coma, convulsions and death.

Usage in Pregnancy: Trimethobenzamide hydrochloride was studied in reproduction experiments in rats and rabbits and no teratogenicity was suggested. The only effects observed were an increased percentage of embryonic resorptions or stillborn pups in rats administered 20 mg and 100 mg/kg and increased resorptions in rabbits receiving 100 mg/kg. In each study these adverse effects were attributed to one or two dams. The relevance to humans is not known. Since there is no adequate experience in pregnant or lactating women who have received this drug, safety in pregnancy or in nursing mothers has not been established.

Precautions: During the course of acute febrile illness, encephalitides, gastroenteritis, dehydration and electrolyte imbalance, especially in children and the elderly or debilitated, CNS reactions such as opisthotonos, convulsions, coma and extrapyramidal symptoms have been reported with and without use of Tigan or other antiemetic agents. In such disorders caution should be exercised in administering Tigan, particularly to patients who have recently received other CNS-acting agents (phenothiazines, barbiturates, belladonna derivatives). It is recommended that severe emesis should not be treated with an antiemetic drug alone; where possible the cause of vomiting should be established. Primary emphasis should be directed toward the restoration of body fluids and electrolyte balance, the relief of fever and relief of the causative disease process. Overhydration should be avoided since it may result in cerebral edema.

The antiemetic effects of Tigan may render diagnosis more difficult in such conditions as appendicitis and obscure signs of toxicity due to overdosage of other drugs.

Adverse Reactions: There have been reports of hypersensitivity reactions and Parkinson-like symptoms. There have been instances of hypotension reported following parenteral administration to surgical patients. There have been reports of blood dyscrasias, blurring of vision, coma, convulsions, depression of mood, diarrhea, disorientation, dizziness, drowsiness, headache, jaundice, muscle cramps and opisthotonos. If these occur, the administration of the drug should be discontinued. Allergic-type skin reactions have been observed; therefore, the drug should be discontinued at the first sign of sensitization. While these symptoms will usually disappear spontaneously, symptomatic treatment may be indicated in some cases.

Note: The injectable form is intended for intramuscular use only; it is not recommended for intravenous use.

How Supplied: Suppositories, Pediatric, 100 mg, boxes of 10. Suppositories, 200 mg, boxes of 10 and 50.
Ampuls, 2 ml, boxes of 10. Multiple-Dose Vials, 20 ml. Thera-Ject® (Disposable Syringes), 2 ml, boxes of 25. Capsules 250 mg, bottles of 100 and 500; 100 mg, bottles of 100.

Beecham
laboratories
Bristol, Tennessee 37620

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Tablets
PERCOCET®-5 (II)

Brief Summary of Prescribing Information

DESCRIPTION Each tablet of PERCOCET®-5 contains 5 mg oxycodone hydrochloride (WARNING: May be habit forming), 325 mg acetaminophen (APAP).

INDICATIONS For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS Hypersensitivity to oxycodone or acetaminophen.

WARNINGS Drug Dependence Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCOCET®-5, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCOCET®-5 is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients Oxycodone may impair the mental and or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCOCET®-5 should be cautioned accordingly.

Interaction with other central nervous system depressants Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCOCET®-5 may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Usage in pregnancy Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCOCET®-5 should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Usage in children PERCOCET®-5 should not be administered to children.

PRECAUTIONS Head injury and increased intracranial pressure The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions The administration of PERCOCET®-5 or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special risk patients PERCOCET®-5 should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. PERCOCET®-5 is given orally. The usual adult dose is one tablet every 6 hours as needed for pain.

DRUG INTERACTIONS The CNS depressant effects of PERCOCET®-5 may be additive with that of other CNS depressants. See WARNINGS. 6085 BS

DEA Order Form Required.

PERCOCET® is a U.S. registered trademark of Endo Inc.™

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Manati, Puerto Rico 00701
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Subsidiary of the DuPont Company

DUPONT

EDO 357E-78

DALMANE® (flurazepam HCl/Roche) ⓒⅣ

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).

Usage in Pregnancy: **Several studies of minor tranquilizers (chlordiazepoxide, diazepam, and meprobamate) suggest increased risk of congenital malformations during the first trimester of pregnancy. Dalmane, a benzodiazepine, has not been studied adequately to determine whether it may be associated with such an increased risk. Because use of these drugs is rarely a matter of urgency, their use during this period should almost always be avoided. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies, or with impaired renal or hepatic function. Periodic blood counts and liver and kidney function tests are advised during repeated therapy.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, paradoxical reactions, *e.g.* excitement, stimulation and hyperactivity, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase.

Dosage: Individualize for maximum beneficial effect.
Adults: 30 mg usual dosage; 15 mg may suffice in some patients.
Elderly or debilitated patients: 15 mg **recommended** initially until response is determined.

Supplied: Capsules containing 15 mg (orange and ivory); or 30 mg (red and ivory) flurazepam HCl.

DALMANE® ⓒⅣ
flurazepam HCl/Roche

One 30-mg capsule *h.s.*—usual adult dosage
(15 mg may suffice in some patients).
One 15-mg capsule *h.s.*—recommended initial dosage for elderly or debilitated patients.

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Manati, Puerto Rico 00701

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Brief Summary of Prescribing Information

Indications and Usage: Symptomatic relief of anxiety, tension, agitation, irritability and insomnia associated with anxiety neuroses and transient situational disturbances; anxiety associated with depressive symptoms and as a treatment of symptoms of anxiety if such symptoms are a significant feature of functional or organic disorders, particularly gastrointestinal or cardiovascular.

Effectiveness in long-term use, i.e., more than 4 months, has not been assessed by systematic clinical studies. Reassess periodically usefulness of the drug for the individual patient.

Contraindications: Known sensitivity to benzodiazepines or acute narrow-angle glaucoma.

Warnings: Not recommended in primary depressive disorders or psychoses. As with all CNS-acting drugs, warn patients on lorazepam not to operate machinery or motor vehicles, and of diminished tolerance for alcohol and other CNS depressants.

Physical and Psychological Dependence: Withdrawal symptoms like those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines (including convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Addiction-prone individuals, e.g. drug addicts and alcoholics, should be under careful surveillance when on benzodiazepines because of their predisposition to habituation and dependence. Withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months.

Precautions: In depression accompanying anxiety, consider possibility for suicide.

For elderly or debilitated patients, initial daily dosage should not exceed 2mg to avoid oversedation.

Terminate dosage gradually since abrupt withdrawal of any antianxiety agent may result in symptoms like those being treated: anxiety, agitation, irritability, tension, insomnia and occasional convulsions.

Observe usual precautions with impaired renal or hepatic function.

Where gastrointestinal or cardiovascular disorders coexist with anxiety, note that lorazepam has not been shown of significant benefit in treating gastrointestinal or cardiovascular component.

Esophageal dilation occurred in rats treated with lorazepam for more than 1 year at 6mg/kg/day. No effect dose was 1.25mg/kg/day (approximately 6 times the maximum human therapeutic dose of 10mg/day). Effect was reversible only when treatment was withdrawn within 2 months of first observation. Clinical significance is unknown; but use of lorazepam for prolonged periods and in geriatric patients requires caution and frequent monitoring for symptoms of upper G.I. disease.

Safety and effectiveness in children under 12 years have not been established.

ESSENTIAL LABORATORY TESTS: Some patients have developed leukopenia; some have had elevations of LDH. As with other benzodiazepines, periodic blood counts and liver function tests are recommended during long-term therapy.

CLINICALLY SIGNIFICANT DRUG INTERACTIONS: Benzodiazepines produce CNS depressant effects when administered with such medications as barbiturates or alcohol.

CARCINOGENESIS AND MUTAGENESIS: No evidence of carcinogenic potential emerged in rats during an 18-month study. No studies regarding mutagenesis have been performed.

PREGNANCY: Reproductive studies were performed in mice, rats, and 2 strains of rabbits. Occasional anomalies (reduction of tarsals, tibia, metatarsals, malrotated limbs, gastroschisis, malformed skull and microphthalmia) were seen in drug-treated rabbits without relationship to dosage. Although all these anomalies were not present in the concurrent control group, they have been reported to occur randomly in historical controls. At 40mg/kg and higher, there was evidence of fetal resorption and increased fetal loss in rabbits which was not seen at lower doses. Clinical significance of these findings is not known. However, increased risk of congenital malformations associated with use of minor tranquilizers (chlordiazepoxide, diazepam and meprobamate) during first trimester of pregnancy has been suggested in several studies. Because use of these drugs is rarely a matter of urgency, use of lorazepam during this period should almost always be avoided. Possibility that a woman of child-bearing potential may be pregnant at institution of therapy should be considered. Advise patients if they become pregnant to communicate with their physician about desirability of discontinuing the drug.

In humans, blood levels from umbilical cord blood indicate placental transfer of lorazepam and its glucuronide.

NURSING MOTHERS: It is not known if oral lorazepam is excreted in human milk like other benzodiazepines. As a general rule, nursing should not be undertaken while on a drug since many drugs are excreted in milk.

Adverse Reactions, if they occur, are usually observed at beginning of therapy and generally disappear on continued medication or on decreasing dose. In a sample of about 3,500 anxious patients, most frequent adverse reaction is sedation (15.9%), followed by dizziness (6.9%), weakness (4.2%) and unsteadiness (3.4%). Less frequent are disorientation, depression, nausea, change in appetite, headache, sleep disturbance, agitation, dermatological symptoms, eye function disturbance, various gastrointestinal symptoms and autonomic manifestations. Incidence of sedation and unsteadiness increased with age. Small decreases in blood pressure have been noted but are not clinically significant, probably being related to relief of anxiety.

Overdosage: In management of overdosage with any drug, bear in mind that multiple agents may have been taken. Manifestations of overdosage include somnolence, confusion and coma. Induce vomiting and/or undertake gastric lavage followed by general supportive care, monitoring of vital signs and close observation. Hypotension, though unlikely, usually may be controlled with Levarterenol Bitartrate Injection U.S.P. Usefulness of dialysis has not been determined.

Ativan® IV for (lorazepam) Anxiety

Dosage: **Individualize for maximum beneficial effects. Increase dose gradually when needed, giving higher evening dose before increasing daytime doses. Anxiety, usually 2-3mg/day given b.i.d. or t.i.d.; dosage may vary from 1 to 10mg/day in divided doses. For elderly or debilitated, initially 1-2mg/day; insomnia due to anxiety or transient situational stress, 2-4mg h.s.**

How Supplied: **0.5, 1.0 and 2.0mg tablets.**

Wyeth Laboratories
Philadelphia, PA 19101

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Tussend®
Antitussive-Decongestant Liquid and Tablets

Tussend Expectorant®
Antitussive-Decongestant Liquid

See package literature for full prescribing information. A brief summary follows.

CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease and patients on MAO inhibitor therapy, nursing mothers, and patients with hypersensitivity or idiosyncrasy to sympathomimetic amines or phenanthrene derivatives.

WARNINGS: If used in patients with hypertension, diabetes mellitus, ischemic heart disease, hyperthyroidism, increased intraocular pressure and prostatic hypertrophy, judicious caution should be exercised. Sympathomimetics may produce CNS stimulation. The safety of pseudoephedrine for use during pregnancy has not been established. Overdosage of sympathomimetics in the elderly (60 years and older) may cause hallucinations, convulsions, CNS depression and death.

PRECAUTIONS: Concomitant use of other CNS depressants, including alcohol, may have an additive CNS depressant effect. Hydrocodone may produce drowsiness: patients should be cautioned accordingly.

ADVERSE REACTIONS: Gastrointestinal upset, nausea, dizziness, drowsiness, and constipation. A slight elevation in serum transaminase levels has been noted.

Hyperreactive individuals may display ephedrine-like reactions such as tachycardia, palpitations, headache, dizziness or nausea. Sympathomimetic drugs have been associated with certain untoward reactions including fear, anxiety, tenseness, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucinations, convulsions, CNS depression, arrhythmias, and cardiovascular collapse with hypotension.

DRUG INTERACTIONS: Hydrocodone may potentiate the effects of other narcotics, general anesthetics, tranquilizers, sedatives and hypnotics, tricyclic antidepressants, MAO inhibitors, alcohol, and other CNS depressants. Beta adrenergic blockers and MAO inhibitors potentiate the sympathomimetic effects of pseudoephedrine. Sympathomimetics may reduce the anti-hypertensive effects of methyldopa, mecamylamine, reserpine and veratrum alkaloids.

DOSAGE AND ADMINISTRATION: Tussend Liquid and Tussend Expectorant: Adults, and children over 90 lbs., 1 teaspoonful; children 50 to 90 lbs., ½ teaspoonful; children 25 to 50 lbs., ¼ teaspoonful. May be given four times a day, as needed.

Tussend Tablets: Adults, and children over 90 lbs., 1 tablet. May be given four times a day, as needed.

May be taken with meals.

CAUTION: Federal law prohibits dispensing without a prescription.

DOW

Dow Pharmaceuticals
The Dow Chemical Company
Indianapolis, IN 46268

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Librax®
Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

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Roche Products Inc.
Manati, Puerto Rico 00701

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Ponstel®
(mefenamic acid)

INDICATIONS
Ponstel is indicated for the relief of mild to moderate pain when therapy will not exceed one week.

CONTRAINDICATIONS
Ponstel is contraindicated in patients with ulceration or chronic inflammation of either the upper or lower gastrointestinal tract.

Ponstel should not be given to children under 14 years of age, since safe and effective use in this age group has not been established.

This drug is contraindicated in patients known to be hypersensitive to mefenamic acid.

WARNINGS
Administration of Ponstel for periods exceeding one week is not recommended.

If diarrhea occurs, the drug should be promptly discontinued. The patient so affected is usually able to tolerate mefenamic acid thereafter.

Ponstel should be used with caution in patients with a history of kidney or liver disease. BUN values may rise during therapy. Microscopic examination in dogs given 100 or 200 mg per kg revealed slight centrolobular hepatocellular vacuolation. There was some evidence of edema and blunting of renal papilla in dogs administered 200 mg/kg. Rats given 100 mg/kg also showed microscopic evidence of renal papillary necrosis with epithelial cell degeneration.

Usage in Pregnancy – Reproduction studies in rats have shown a decreased rate of survival to weaning (possibly due to maternal neglect), delay in parturition, and decrease in fertility. In rabbits, an increase in the number of resorptions was noted. There were no fetal anomalies induced in mice, rats, rabbits, or dogs. Because there are no data on use of this drug in pregnant women, safety in pregnancy has not been established.

PRECAUTIONS
The drug should be administered with caution to patients with inflammatory disease of the gastrointestinal tract. In animal toxicity studies, rats given 100 mg/kg of the drug have been known to develop small intestinal mucosal erosions and ulcers.

If rash occurs, the drug should be promptly withdrawn.

Ponstel may prolong prothrombin time. Therefore, when the drug is administered to patients receiving oral anticoagulant drugs, frequent monitoring of prothrombin time is necessary.

Ponstel should be used with caution in asthmatics, because the drug may cause an acute exacerbation of their condition.

A false-positive reaction for urinary bile, using the diazo tablet test, may result after mefenamic acid administration. If biliuria is suspected, other diagnostic procedures, such as the Harrison test, should be performed.

ADVERSE REACTIONS
Gastrointestinal: Nausea, gastrointestinal discomfort, vomiting, gas, and diarrhea, which may be severe and at times associated with inflammation of the bowel or hemorrhage, may occur in patients taking Ponstel.

Hematopoietic: Severe auto-immune hemolytic anemia may occur in patients given this drug for prolonged periods of time. Leukopenia, eosinophilia, thrombocytopenic purpura, agranulocytosis, pancytopenia, and bone marrow hypoplasia have also been reported.

Nervous System: Drowsiness, dizziness, nervousness, headache, blurred vision, and insomnia have occurred.

Dermatologic: Urticaria, rash, and facial edema have been reported.

Renal: Mild renal toxicity, dysuria, and hematuria have occurred.

Other: Eye irritation, ear pain, perspiration, mild hepatic toxicity, and increased need for insulin in a diabetic have been reported. There have been rare reports of palpitation, dyspnea, and reversible loss of color vision.

PARKE-DAVIS
Div of Warner-Lambert Co
Morris Plains, NJ 07950 USA
PD-JA-2868-1-P(10-79)

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NEW YORK UNIVERSITY
POST-GRADUATE MEDICAL SCHOOL
and
BELLEVUE HOSPITAL CENTER

PSYCHIATRIC EMERGENCIES

Friday through Sunday — March 14 to 16, 1980

Paul Casadonte, M.D., Charles Rohrs, M.D.,
and Associates at the Bellevue Hospital Center

This is an intensely practical course for emergency room physicians, primary care physicians, psychiatrists, and other health professionals who may be called on to deal with psychiatric emergencies in the office, emergency room or general hospital setting. The objective is to give physicians guidelines and practical training to enable them rapidly to assess crisis situations and make appropriate interventions.

Subject matter includes differential diagnosis of the psychotic, the assaultive, the violent and the suicidal patient. The addict and alcoholic in crisis will receive special consideration. There will be sessions on panic states, adolescent and child emergencies, psychopharmacology and the special problems of managing psychiatric emergencies in the aged.

The format consists of plenary lectures and working seminars. A special optional feature is the clinical rotation in the Bellevue Hospital Psychiatric Emergency Admitting Service for a limited number of registrants on a first-come, first-served basis.

Fee: $235 Accreditation: 17½ AMA Category 1 credit hours; pending approval prescribed credit from AAFP and ACEP

For course brochure or information, write or phone:
NYU Post-Graduate Medical School, 550 First Avenue, New York, New York 10016 (212) 679-8745 (24-hour telephone)

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